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Substitute for Form PTO-875 Effective December 8, 2004												09/627959				
	•	APPL	ICATIO	ON AS	FILED -	PARI	1		.•			7		4		
	(Column 1) (Column 2)								SMALL ENTITY			OR OTHER TH			HAN	
	FOR	NOW BELLINA						ח					, Jan	ALL EN	HILY	
	SIC FEE			NA	-	<del></del>		$\dashv$	RATE (S)		_		RATE (		PEE (S)	
_	7 CFR 1 18(0) (6)	a (41)				N/A		-1 I	N/A	. 150.0	00		NIA .		300.00	
3	CFR 1 16(U. (4. or (m))		NA			. N/A		$\cdot$	NA .	\$250	,		NIA		\$500	
	XAMINATION F 7 CFA 1 16(q), (p)	N/A .			N/A		NA		\$100	$\neg$						
	TAL CLAIMS 7. CFR 1 18(1)						•	┪	X\$ 25	+	<u>_</u>	l	NA	12:	500	
V	DEPENDENT C	LAUAS	minus 20 •			<del> </del>				<u> </u>	<b> </b>	XR	X\$50	•	. ;	
-	CFR 1 16(N))		If the e		va 3 •   ·		•	4	X100		j	ı	X200	•		
F	PLICATION SE	žE	sheets	of pape:	ion and dr r. the apoli	awing ication	s exceed 100 size fee due	1				ì		$\dashv$		
	E CFR 1 36(6))		is \$250	(\$125 f	or small er	ntity) fi	or each			1	1	·		1	•	
•	O I solell	[	<b>35 11 S</b>	12 50 st	reels or fr	ction	thereof. See FR 1.16(s).	ľ	ļ ·	1 .	- }			1.		
	. 5124 5 5 5 5 5						FR 1.16(S).	4		<del> </del>	_					
JI. TIPLE DEPENDENT CLAIM PRESENT (37 OFR 1 16(1))								_	+180=	}	1	ı	+360 <b>+</b>			
	the difference is	n column 1	is less t	han zero.	enter "O" in	colum		_	TOTAL		7	_		<del></del>		
							$\sim$		·		J		TOTAL			
	API		onyas	AMEN	DED AP	ART	¥.		•	•	•		,	<i>5.</i>		
		روزها كا	1001	1/2	Notes	Men 2)	(Column 3):		• • • • • • • • • • • • • • • • • • • •		0		OTHE	D TUA		
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C INTERNATION	1051		UNING TER		NUN	MBER	PRESENT		RATE (S)	ADDI-		Г	RATE (S)	7		
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İ	Independent .	<del> </del>	70	Minus	1.0	<del>,</del> , , ,	17				OR	Ľ	C\$50 .e	195	Om	
ı	OF CIR LIMB	1			1	5	0	L	X100		OR	×	200		1	
ŀ	Application Size Fee (37 CFR 1.16(6))							E			7			1-	/-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(1))							R 1.16(j)		+180=		OR		360=	/		
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Ľ	07 CFR 1.18(h))		2		8	T	. 0	X	K100			_	00		$\overline{}$	
į	Application Size Fee (37 CFR 1.16(6))									· ·	OR :	├─	-	<u> </u>	<u></u>	
1	FIRST PRESENTATION OF MILTIPLE DEPENDENT CLAIM (37 OFR 1.168)							Γ	+180=				260			
			<del></del>								OR	*	360=	-()		
				•				π	DTAL .	1	ÖR	TOT	ras . 1			

\* If the entry is column 1 is less than the entry in column 2, write 'U' in column 3.

"If the Trighest Number Previously Paid For' IN THES SPACE is less than 20, enter '20'.

"If the Trighest Number Previously Paid For' IN THES SPACE is less than 3, enter '20'.

The Trighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burnier, should be sent to the Chief Information Officer, U.S. Petern I Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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